BSK ACADEMY

Application Form

BSK Academy Application form

BSK Academy is an adult education and training programme for people with learning disabilities and autism.

The information you provide in this application will help us create an individualised plan and help ensure you are placed on the correct programme to help you reach your goals and aspirations for the future.

Your details

Name				
Age				
Date of birth				
Preferred pronoun.	Him/ He	She/ Her	They/ Them	Other
Address				

Your contact details

Home phone number	
Mobile number	
Email address	
Tell us the best way to contact you	

Disability information

Do you class yourself as having		
Learning Disability	☐ Yes	☐ No
Autism	☐ Yes	☐ No
Both – Autism and Learning disability	☐ Yes	☐ No
Neither – please give more details		

Please tell us about your learning disability and/or autism and how it affects your everyday life	

Medical Information

Do you take any regular medication	☐ Yes	☐ No
If yes, what is the medication		
What is it for		
How many times a day do need to take it		
Can you take it yourself?	☐ Yes	☐ No
Do you need help with personal care during the day	☐ Yes	☐ No

Please be aware we do not have the facilities or training to administer medication or provide personal care on any of our programmes.

Do any of the below apply to you?

	YES	NO
Epilepsy		
Diabetes		
Heart Condition		
Respiratory conditions		
Mobility issues		
Wheel chair user		
Visually impaired		
Hearing impaired		
Mental Health (anxiety, phobias, OCD, Depression etc.)		

About you

Where are you living	☐ With parents	☐ Supported living	☐ Living independently	
Can you travel independently	☐ Yes	☐ No		
Are you currently working	☐ Yes	☐ No		
If yes, where?				
How many hours				
Paid or Voluntary?	☐ Paid	☐ Voluntary		
Do you access	☐ JET	☐ Acorn	☐ Back to work	☐ Other

Education – Please include copies of certificates if you have any

Dates	School/ College/ University	Qualifications/ Certificates	Grades

Training – Please include copies of certificates if you have any

Dates	Training provider	Training course	Qualifications/ Certificates

Work history (Including work experience and voluntary work)

Please include your CV if you have one

Dates To/From	Employers names	Job Title	Brief description of your main duties	Paid or voluntary

Any other relevant qualifications and training

Your week currently

Tell us what a typical week looks like for you

Monday	Tuesday	Wednesday	Thursday	Friday

Saturday	Sunday

Social Interests and Hobbies

Please tell us about any hobbies or interests you have.

Why would you like to join the BSK Academy?

What are your expectations about joining the BSK academy?

How did you hear about us?

BSK Academy Risk Assessment

So that we can provide the best support, BSK academy staff are required to identify potential risk factors in order to put a risk management plan in place.

Please let us know if you have had any challenges within the following areas over the last 5 years

	YES	NO
Verbal aggression		
Physical aggression		
Sexually inappropriate behaviour		
Criminal conviction/ cautions		
Self-injurious Behaviour		
History of theft		
History of arson		
Other (Please specify e.g. other health diagnosis, known tendency to wander/ get lost)		

If you ticked YES to ANY of the above please provide detailed information below.

Risk area	Information: please include frequency of incidents, triggers, circumstances, positive behaviour support plans, medication, coping mechanisms etc.

	Please continue on another sheet if necessary

Referrer details (if being completed but someone else)

Name	
Relationship to applicant	
Job title	
Organisation	
Email address	
Telephone number	

Who should we contact about your application?

☐ Just me	☐ Me and my Primary contact	☐ Just my primary contact
Primary contact name		
Relationship to applicant		
Email address		
Telephone Number		

Additional information: Please feel free to add any information you feel we should know.

Privacy statement

Any information given on this form is confidential and covered by the Data Protection (Jersey) Law 201

Your Name

Date

Signed

Secondary signature if applicable

Your Name

Date

Signed